CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMI AIGHT IN	ANOL ILLI OILI			00	VEIX SHIELT I G I
The C/OH Instruction	n Guide explains how to com	plete this form	1 Filer ID(Ethics 0	Commission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI	OFF	FICE USE ONLY
OFFICEHOLDER	Mr.	Robert		Date Receive	d
NAME	NICKNAME	LAST	SUFFIX	10/26/2015	
		Gallegos			
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY;	STATE; ZIP CODE		
OFFICEHOLDER	PO Box 230087				
MAILING				Date Hand-delive	ered or Date Postmarked
ADDRESS Change of address	Houston TX 77223				
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION		
OFFICEHOLDER	(713) 256-3953				
PHONE					
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Receipt #	Amount
TREASURER	Mr.	James	Richard	Date Process	ed
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
		Dinkins			
7 CAMPAIGN	STREET ADDRESS (No PO Box Plea	se);	APT/SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	PO Box 230087				
ADDRESS					
(Business)	Houston TX 77223				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(832) 609-4496				
	January 15 30th day be	fore election Final r	repport (Attach C/OH - FR)	Exceeded \$500 limit	
9 REPORT TYPE	July 15 X 8th day befo	ore election Runof	f	15th day after campaig	n treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year		Month	Day Year
COVERED	9/25/2015	5	THROUGH	10/2	24/2015
11 ELECTION	ELECTION DATE	ELECTION T	YPE		
	Month Day Year 11/3/2015	Primary	Runoff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	SOUGHT (if known)	
	City Council - District I		City C	Council - District I	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Rober	t Gallegos		15 Filer ID (Ethics Com	mission Filers)
	expenditures may have	f political contributions accepted or political expenditures me been made without the candidate's or officeholder's know receive notice of such expenditures.	nade by political committees to support the dedge or consent. Candidates and office	e candidate / officeholder. These holders are required to report this
16 NOTICE FROM	COMMITTEE TYPE	COMMITTEE NAME		
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)				
	SPECIFIC			
	_			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
				_
17 CONTRIBUTION TOTALS		CAL CONTRIBUTIONS OF \$50 OR LESS (O NS, OR GUARANTEES OF LOANS), UNLE		\$0.00
TOTALO				Ψ0.00
	2 TOTAL POLITIO	CAL CONTRIBUTIONS		\$9,775.00
	(OTHER THAN I	PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	
EXPENDITURE	3 TOTAL POLITIC	CAL EXPENDITURES OF \$100 OR LESS, U	NLESS ITEMIZED	
TOTALS				\$0.00
	4 TOTAL POLITIC	CAL EXPENDITURES		
				\$52,386.12
CONTRIBUTION		CAL CONTRIBUTIONS MAINTAINED AS OF	THE LAST DAY	
BALANCE	OF REPORTING	PERIOD		\$51,251.74
OUTSTANDING LOAN		PAL AMOUNT OF ALL OUTSTANDING LOA	ANS AS OF THE	
TOTALS	LAST DAY OF T	THE REPORTING PERIOD		\$0.00
18 AFFIDAVIT				
		report is true a	rm, under penalty of perjury, th and correct and includes all info	ormation required to be
		reported by me	e under Title 15, Election Code	
			Robert Gallego	s
			Signature of Candidate or	Officeholder
AFFIX NOT STAMP / SE	EAL ABOVE			
Sworn to and subscribed	before me, by the said	d	, this the	day
of	, 20	, to certify which, witness my ha	and and seal of office.	
Signature of officer admir	nistering oath	Print name of officer administering of	ath Title of officer	administering oath

SUBTOTALS - COH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME Robert Gallegos 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. 9775 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0 SCHEDULE B: PLEDGED CONTRIBUTIONS 3. 0 SCHEDULE E: LOANS 0 4. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. 44579.32 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. 0 SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS 7. 0 SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD 8. 7806.8 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. 0 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 0 10. 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 0 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 0 12.

CANDIDATE / OFFICEHOLDER REPORT: NOTICE FROM POLITICAL COMMITTEE(S)

FORM C/OH ADDENDUM

C/OH NAME Robert Gallegos

ACCOUNT # (Ethics Commission filers)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

M	ONETARY	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1
Th	e Instruction G	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	FILER NAME F	Robert Gallegos			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Yolanda Navarro	out of state	PAC(ID#)	7 Amount of contributions (\$)
	09/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77023-1414	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Kristen Capps	out of state	PAC(ID#)	7 Amount of contributions (\$)
	09/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77,061.00	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor Gloria Rodriguez	out of state	PAC(ID#)	7 Amount of contributions (\$)
	09/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77,049.00	\$25.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor James Dinkins	out of state	PAC(ID#)	7 Amount of contributions (\$)
	09/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77,007.00	\$25.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETARY	POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
The	e Instruction G	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME R	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		Andrew Wright			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	09/25/2015		Houston	TX 77,002.00	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Sammy Gallegos			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	09/25/2015		Houston	TX 77020	\$50.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Kathryn McNiel	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/09/2015		Houston	TX 77,219.00	\$200.00
8	Principal occu	I upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Thompson & Horton LLP	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/09/2015		Houston	TX 77,027.00	\$500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETARY	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction G	Guide explains how to complete	te this form.		1 Total Pages Schedule A1:
2 F	FILER NAME F	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		Linebarger, Goggan, Blair & Sampson LLP			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/09/2015		Austin	TX 78760-7428	\$1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	Litions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Greater Houston Restaurant Association PAC			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/09/2015		Houston	TX 77,007.00	\$500.00
8	Principal occu	Jupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Evangelina Hammonds	Ш		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/09/2015		Houston	TX 77,004.00	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Edmond Wulfe	Ц		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/09/2015		Houston	TX 77056-3963	\$1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
	President			Wulfe & Company	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A1: 2 FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers) 4 Date 5 Full name of contributor 10/09/2015 6 Contributor address: City: 10/15/2015 6 Contributor address: City: 10/15/2015 7 Amount of contributions (S) 9 Employer (See Instructions) 9 Employer (See Instructions) 7 Amount of contributions (S) 7 Amount of contributions (S) 8 Principal occupation / Job site (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 10/15/2015 8 Principal occupation / Job site (See Instructions) 9 Employer (See Instructions) 10/15/2015	M	ONETAR	Y POLITICAL CONTR	RIBUTIONS	5	SCHEDULE A1
Houston Federation of Teachers Copy State; Zip Code Houston TX 77027-5752 \$500.00	Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
COPE 10/09/2015 Contributor address: City: State: Zip Code Houston TX 77027-5782 \$500.00	2 F	FILER NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
10/08/2015 Houston TX 77027-5752 \$500.00						7 Amount of contributions (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Date S Full name of contributor Out of state PAC(ID#) 7 Amount of contributions (\$) 6 Contributor address: City: State: Zip Code Houston TX 77,008.00 \$250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Date S Full name of contributor Out of state PAC(ID#) 7 Amount of contributions (\$) 10/15/2015 State: Zip Code TX 77,061.00 TX 77,07,061.00 TX 77,07,061.00 TX 77,07,061.00 TX 77,07,07.00 TX 77,			6 Contributor address;	City;	State; Zip Code	
4 Date S Full name of contributor Steven Guthrie Out of state PAC(ID#) 7 Amount of contributions (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Date S Full name of contributor Out of state PAC(ID#) 7 Amount of contributions (\$) 10/15/2015 State; Zip Code Full name of contributor Out of state PAC(ID#) 7 Amount of contributions (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 3		10/09/2015		Houston	TX 77027-5752	\$500.00
Steven Guthrie 10/15/2015 State: Zip Code Houston TX 77,008.00 \$250.00	8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
6 Contributor address: City: State: Zip Code Houston TX 77,008.00 \$250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Date 5 Full name of contributor Lindsay Horne 6 Contributor address: City: State: Zip Code Houston TX 77,061.00 \$250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 7 Amount of contributions (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of contributions (\$) 10/15/2015 6 Contributor address: City: State: Zip Code Lee Vela 7 Amount of contributions (\$) 7 Amount of contributions (\$)	4	Date	5 Full name of contributor	out of state	PAC(ID#)	
10/15/2015 Houston TX 77,008.00 \$250.00			Steven Guthrie			7 Amount of contributions (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Date 5 Full name of contributor			6 Contributor address;	City;	State; Zip Code	
4 Date 5 Full name of contributor Lindsay Horne 7 Amount of contributions (\$) 10/15/2015 6 Contributor address; City; State; Zip Code Houston TX 77,061.00 \$250.00		10/15/2015		Houston	TX 77,008.00	\$250.00
Lindsay Horne City; State; Zip Code Houston TX 77,061.00 \$250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Date 5 Full name of contributor Lee Vela 6 Contributor address; City; State; Zip Code Sugar Land TX 77,479.00 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of contributions (\$)	8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
6 Contributor address: City; State; Zip Code Houston TX 77,061.00 \$250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Date 5 Full name of contributor Lee Vela 7 Amount of contributions (\$) 6 Contributor address; City; State; Zip Code Sugar Land TX 77,479.00 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	4	Date	5 Full name of contributor	out of state	PAC(ID#)	
Houston TX 77,061.00 \$250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Date 5 Full name of contributor Lee Vela 7 Amount of contributions (\$) 6 Contributor address; City; State; Zip Code Sugar Land TX 77,479.00 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			Lindsay Horne	Ц		7 Amount of contributions (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Date 5 Full name of contributor			6 Contributor address;	City;	State; Zip Code	
4 Date 5 Full name of contributor		10/15/2015		Houston	TX 77,061.00	\$250.00
Lee Vela 6 Contributor address; City; State; Zip Code Sugar Land TX 77,479.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Litions)
6 Contributor address; City; State; Zip Code 10/15/2015 Sugar Land TX 77,479.00 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	4	Date	5 Full name of contributor	out of state	PAC(ID#)	
Sugar Land TX 77,479.00 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			Lee Vela			7 Amount of contributions (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			6 Contributor address;	City;	State; Zip Code	
		10/15/2015		Sugar Land	TX 77,479.00	\$100.00
4 Date 5 Full name of contributor out of state PAC(ID#)	8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETARY	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
The	e Instruction G	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME F	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		Wes Hart			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/15/2015		Houston	TX 77,292.00	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Gloria Moreno			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/15/2015		Houston	TX 77,003.00	\$50.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		lanne Fasthoff			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/15/2015		Houston	TX 77,002.00	\$250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
•		Audrey Reed	Ц	,	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/15/2015		Houston	TX 77,005.00	\$25.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Dette	Jeen	Tyl	DAG(ID)(000100711)	
4	Date	5 Full name of contributor	X out of state	PAC(ID# C00199711)	

M	ONETAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		Health Care Service Corporation Employees' PAC			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/23/2015		Chicago	IL 60601-5014	\$500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Ali Davari			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/23/2015		Houston	TX 77257-0427	\$1,000.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Nightclub ow	vner		Self	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Keith Hamm	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/23/2015		Houston	TX 77,023.00	\$250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Nathelyne Kennedy			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/19/2015		Houston	TX 77,036.00	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Doto	E Full name of contributor	Out of ot-t-	DAC(ID#)	T
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

IVIC	ONETAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
The	Instruction C	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME F	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		Texas Taxi PAC			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	09/29/2015		Austin	TX 78,701.00	\$1,000.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	Litions)
4	Date	5 Full name of contributor	X out of state	PAC(ID# C00428391)	
		Republic Services Better Government PAC	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	09/25/2015		Phoenix	AZ 85,054.00	\$500.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Ruben Mercado			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/17/2015		Houston	TX 77,092.00	\$250.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	Litions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Eva Loredo			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/13/2015		Houston	TX 77012-1139	\$100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

М	ONETARY	POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 F	FILER NAME R	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		John W. Lodge III			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/07/2015		Houston	TX 77,013.00	\$500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	President			Lodge Lumber Co., Inc.	
4	Date	5 Full name of contributor Laura Spanjian	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77,006.00	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Michael Sachs	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/23/2015		Houston	TX 77,002.00	\$350.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
		ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDUL	E AS NEEDED
		If contributor is out-of-state PA	C. please see ins	truction guide for addition	nal reporting requirements

T KOM T OZITIO/ KZ	<u> </u>		
	The Instruction Guide ex	plains how to complete this form	-
1 Total pages Schedule F1:	² FILER NAME Robert Gallego	S	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
09/30/15	Campaign Strategies, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$3,346.22	P.O. Box 3308		
	Houston TX 77253		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Printing Expense	Vote by mail progra	am
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
oxportations to portain 6, 611			
4 Date	5 Payee name		
09/30/15	SFA High School		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$125.00	1314 Texas Avenue		
	#1120		
	Houston TX 77002		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Event Expense	Golf Hole Sponsor	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought of	ffice held
4 Date	5 Payee name		
10/01/15 6 Amount (\$)	InFocus Campaigns 7 Payee address; City;	State; Zip Code	
		State, Zip Code	
\$906.04	P.O. Box 10726		
	Fort Worth TV 70444		
O DUDDOSE OF EVERNOTUSE	Fort Worth TX 76114	(h) Description	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert Gallegos Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Vote by mail program **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/01/15 Talafery Media Group, Inc. 7 Payee address; 6 Amount (\$) City; State; Zip Code \$350.00 7322 Southwest Freeway #805 Houston TX 77074 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Advertising Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought

expendituree to benefit C/OH

	The Instruction Guide exp	plains how to complete this form	•
Total pages Schedule F1:	² FILER NAME Robert Gallego	S	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/04/15	Bison Signs		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$1,621.04	10100 Clay Road		
	Suite G		
	Houston TX 77080		
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Campaign signs	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	l office sought of	fice held
4 Date	5 Payee name		
10/04/15	Lillie Schechter Consulting		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$1,250.00	1 Greenway Plaza		
	Suite 470		
	Houston TX 77046		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Fundraising consult	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	ffice sought of	ifice held
4 Date	5 Payee name		
10/07/15	InFocus Campaigns		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$1,809.64	P.O. Box 10726		
	Fort Worth TX 76114		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert Gallegos Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Advertising Expense phone bank program 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/09/15 Bison Signs 7 Payee address; 6 Amount (\$) Zip Code City; State; \$795.64 10100 Clay Road Suite G Houston TX 77080 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign signs **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	² FILER NAME Robert Gallego	·	3 Filer ID (Ethics Commission filers)					
4 Date	5 Payee name							
10/09/15	Sprint 2 Print							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
\$339.91	8748 Clay Rd.							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite 300							
	Houston TX 77080							
8 PURPOSE OF EXPENDITURE		(b) Description						
	Printing Expense	Check if travel outside of Tex Check if Austin, TX, officeho Campaign materials	lder living expense					
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought off	fice held					
4 Date	5 Payee name							
10/10/15	J. Dinkins Consulting							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
\$380.00	P.O. Box 992							
	Houston TX 77001							
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Tex	vas, complete Schedule T					
		Check if Austin, TX, officehol						
	Consulting Expense	General consulting	iden iiviiig expense					
	Consulting Expense	January Santanana						
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	fice held					
4 Date	5 Payee name							
10/11/15	V & M Solutions							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
\$1,080.00	12727 Cooper Break Dr.							
	Houston TX 77346							
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description						

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert Gallegos Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Field staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/14/15 V & M Solutions 7 Payee address; 6 Amount (\$) City; Zip Code State; \$792.00 12727 Cooper Break Dr. Houston TX 77346 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Field staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ex	cplains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Robert Gallego	os	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/19/15	Campaign Strategies, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$31,074.97	P.O. Box 3308		
	Houston TX 77253		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Printing Expense	Printing of mail pied	ces
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/22/15	V&M Solutions		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$432.00	12727 Cooper Break Dr.		
	Houston TX 77346		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Field staff	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/28/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
63.26	649 Mission Street, #204		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert Gallegos Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online contribution processing fees Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/29/2015 Piryx 7 Payee address; 6 Amount (\$) Zip Code City; State; 25.88 649 Mission Street, #204 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online contribution processing fees Fees

office sought

9 Complete ONLY if direct

expendituree to benefit C/OH

Candidate / Officehoder name

office held

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert Gallego	s 3	Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/5/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
43.14	649 Mission Street, #204		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texa	s, complete Schedule T
		Check if Austin, TX, officehold	er living expense
	Fees	Online contribution pr	ocessing fees
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office	e held
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/8/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1.44	649 Mission Street, #204		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texa	s, complete Schedule T
		Check if Austin, TX, officehold	er living expense
	Fees	Online contribution pr	ocessing fees
	. 555	·	-
9 Complete ONLY if direct	Candidate / Officehoder name	I office sought office	e held
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/13/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.38	649 Mission Street, #204		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert Gallegos Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online contribution processing fees Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/16/2015 Piryx 7 Payee address; 6 Amount (\$) City; Zip Code State; 14.38 649 Mission Street, #204 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online contribution processing fees Fees

office sought

9 Complete ONLY if direct

expendituree to benefit C/OH

Candidate / Officehoder name

office held

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) 1 Total pages Schedule F1: ² FILER NAME Robert Gallegos 4 Date 5 Payee name 10/19/2015 Piryx **6** Amount (\$) 7 Payee address; City; Zip Code State: 14.38 649 Mission Street, #204 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online contribution processing fees Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/22/15 Nelly Fraga 7 Payee address; 6 Amount (\$) City; State; Zip Code \$100.00 5501 Brady Houston TX 77011 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Event Expense** Ambassadors International Ballet Folklorico Sponsorship 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) Total pages Schedule F4: FILER NAME Robert Gallegos TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$0.00 6 5 Date Payee name 09/28/15 El Tiempo **7** Amount (\$) 8 Payee address; City; State: Zip Code \$139.71 2814 Navigation Blvd. Houston TX 77003 9 **TYPE OF EXPENDITURE** Political Non-Political 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign meeting Food/Beverage Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 09/30/15 East End Table **7** Amount (\$) 8 Payee address; City; State; Zip Code \$132.87 6701 Capitol Street Houston TX 77011 Χ Political TYPE OF EXPENDITURE Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Dinner with Community Food/Beverage Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 6 Date Payee name 09/30/15 **Net Victories** City; Amount (\$) 8 Payee address; State; Zip Code

E	KPENDITURES MA	νD	E BY CREDIT CARD)			;	SCHEDULE	F4	
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2	FILER NAME Robert Gall	ego	s	3 Filer ID (Ethics Commiss	ion filers)			
4	TOTAL OF UNITEMIZED EXPE	ND	DITURES CHARGED TO A CREDIT C	ARE)	\$\$0.00				
	\$18.31		309 NW 46th St. Seattle WA 98107							
9	TYPE OF EXPENDITURE		X Political			Non-Political				
10	PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of hedule) Advertising Expense	this	(b) D	escription Check if travel outside of Texas Check if Austin, TX, officeholde Website				
11	Complete ONLY if direct expendituree to benefit C/OH	C	andidate / Officehoder name			office sought	office he	eld		
5	Date	6	Payee name							
	10/01/15		Net Victories							
7	Amount (\$)	8	Payee address; City;		Sta	te; Zip Code				
	\$0.18		309 NW 46th St. Seattle WA 98107							
9	TYPE OF EXPENDITURE		X Political			Non-Political				
_			a) Category (See Categories listed at the top of	thic	(b) D	escription				
	TON GOL OF EAR ENGINEER		Advertising Expense			Check if travel outside of Texas Check if Austin, TX, officeholde Website				
11	Complete ONLY if direct expendituree to benefit C/OH	Ci	andidate / Officehoder name			office sought	office he	eld		
5	Date	6	Payee name							
	10/02/15		Lowe's							
7	Amount (\$)	8	Payee address; City;		Sta	te; Zip Code				
	\$21.56		1000 Gulfgate Center Mall							
			Houston TX 77087							

E	KPENDITURES MA	DE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	FILER NAME Robert Gallegos	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$0.00	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Schedu	ıle T
		Check if Austin, TX, officeholder living expense	
		Office Overhead/Rental Office supplies	
		Expense	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
	experience to benefit 6, 611		
5	Date	6 Payee name	
	10/03/15	Dona Chela Taqueria	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	\$29.15	1112 76th St.	
		Houston TX 77012	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Schedu	ıle T
		Check if Austin, TX, officeholder living expense	
		Food/Beverage Expense Breakfast with volunteers	
44	On and late ONE Vitalian at	One little (Office hadren and	- hald
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
5	Date	6 Payee name	
	10/04/15	Office Depot	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	\$33.95	1576 West Gray Street	
		·	
		Houston TX 77019	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description	
		schedule) Check if travel outside of Texas, complete Schedu	ıle T

E	(PENDITURES MA	ADE	BY CREDIT CARD			SCHEDULE F4					
	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	s	3 Filer ID (Ethics Commission file	rs)					
4	TOTAL OF UNITEMIZED EXPE	NDITU	IRES CHARGED TO A CREDIT CARE)	\$\$0.00						
			Office Overhead/Rental Expense		Check if Austin, TX, officeholder living of Office supplies	expense					
11	Complete ONLY if direct expendituree to benefit C/OH	Cand	idate / Officehoder name		office sought	office held					
5	Date	6	Payee name								
	10/05/15		Carroll Printing								
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code						
	\$822.70		2907 Canal Street								
			Houston TX 77003								
9	TYPE OF EXPENDITURE	Х	Political		Non-Political						
10	PURPOSE OF EXPENDITURE	(a) Conschedu	ategory (See Categories listed at the top of this le) Printing Expense	(b) [Check if travel outside of Texas, complements of Austin, TX, officeholder living of Printing campaign material	expense					
11	Complete ONLY if direct expendituree to benefit C/OH	Cand	idate / Officehoder name		office sought	office held					

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) Total pages Schedule F4: FILER NAME Robert Gallegos TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$0.00 5 Date 6 Payee name 10/05/15 **Carroll Printing 7** Amount (\$) 8 Payee address; City; State: Zip Code \$487.13 2907 Canal Street Houston TX 77003 9 **TYPE OF EXPENDITURE** Political Non-Political 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Printing campaign materials **Printing Expense** Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 10/05/15 Cricket **7** Amount (\$) 8 Payee address; City; State; Zip Code \$100.00 6816 Harrisburg Blvd Houston TX 77011 Χ Political TYPE OF EXPENDITURE Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign phones Advertising Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 6 Date Payee name 10/06/15 Little Buddy City; Amount (\$) 8 Payee address; State; Zip Code

E	KPENDITURES MA	D	E BY CREDIT CARD			SCHEDULE	F4
			The Instruction Guide explains	how	to complete this form.		
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	S	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	NDI	TURES CHARGED TO A CREDIT CARE)	\$\$0.00		
	\$3.00		2001 S Wayside Houston TX 77023				
9	TYPE OF EXPENDITURE		K Political		Non-Political		
10	PURPOSE OF EXPENDITURE	I \ /	Category (See Categories listed at the top of this edule) Food/Beverage Expense	(b) D	Description Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Drinks for block walkers	эТ	
11	Complete ONLY if direct expendituree to benefit C/OH	Cai	ndidate / Officehoder name		office sought office	held	
5	Date	6	Payee name				
	10/07/15		Net Victories				
7	Amount (\$)	8	Payee address; City;	Sta	ite; Zip Code		
	\$50.00		309 NW 46th St.				
9	TYPE OF EXPENDITURE		Seattle WA 98107		Non-Political		
_				(b) [Description		
	PURPOSE OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Website	э T	
11	Complete ONLY if direct expendituree to benefit C/OH	Cai	ndidate / Officehoder name		office sought office	held	
5	Date	6	Payee name				
	10/8/2015		Harris County Democratic Pa	arty			
7	Amount (\$)	8	Payee address; City;	Sta	ite; Zip Code		
	500.00		1445 North Loop W				
			Houston TX 77008				

E	XPENDITURES MA	DE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$0.00	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE		
		schedule) Check if travel outside of Texas, complete Schedu	ule T
		Check if Austin, TX, officeholder living expense	
		Event Expense Sponsorship of JRR Dinner	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
	experialitatee to beliefit 6/011		
5	Date	6 Payee name	
	10/08/15	CallFire	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	\$250.00	1410 2nd Street	
		Suite 200	
		Santa Monica CA 90401	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Schedu	ıle T
		Check if Austin, TX, officeholder living expense	
		Advertising Expense Campaign phone program	
	On and late ONLY 'f all most	One Field (Official and one of the control of the c	- hald
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
5	Date	6 Payee name	
	10/08/15	Net Victories	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	\$0.18	309 NW 46th St.	
		Seattle WA 98107	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description	
		schedule) Check if travel outside of Texas, complete Schedu	ule T

E	(PENDITURES MA	DE	BY CREDIT CARD			SCHEDULE F4					
	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	s	3 Filer ID (Ethics Commission filers)						
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO A CREDIT CARE)	\$\$0.00						
			Advertising Expense		Check if Austin, TX, officeholder living expen Website	Se					
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held					
5	Date	6	Payee name								
	10/08/15		Net Victories								
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code						
	\$18.29		309 NW 46th St.								
	·		Seattle WA 98107								
9	TYPE OF EXPENDITURE	X	Political		Non-Political						
10	PURPOSE OF EXPENDITURE	(a) (sched	Category (See Categories listed at the top of this tule) Advertising Expense	(b) [Check if travel outside of Texas, complete So Check if Austin, TX, officeholder living expen Website						
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name	ı	office sought	office held					

E	(PENDITURES MA	١C	DE BY CF	REDIT CARI	D				SCHEDULE F4	
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2	FILER N	IAME Robert Ga	llegos	3	Filer ID (Ethics Commission	n filers)		
4	TOTAL OF UNITEMIZED EXPE	NE	DITURES CHAR	RGED TO A CREDIT	CARD	\$\$	0.00			
5	Date	6	Payee nan	ne						
	10/08/15		Vista P	rint						
7	Amount (\$)	8	Payee add	dress; City;		State;	Zip Code			
	\$275.69		95 Hayd	len Avenue						
			Lexingto	on MA 0.2421						
9	TYPE OF EXPENDITURE		X Political			No	on-Political			
10	PURPOSE OF EXPENDITURE	١,	a) Category (See chedule)	Categories listed at the top of	of this (b) Desc	cription			
						Ch	neck if travel outside of Texas, c	omplete Sched	dule T	
						Ch	neck if Austin, TX, officeholder live	ving expense		
			Printing	Expense			Printing campaign ma	terials		
	0	L								
11	Complete ONLY if direct expendituree to benefit C/OH	C	andidate / Office	ehoder name		of	ffice sought	Offic	ce held	
5	Date	6	Payee nan	ne						
	10/09/15		Vista P							
7	Amount (\$)	8				State;	Zip Code			
	\$24.82		95 Hayd	len Avenue						
			Lexingto	on MA 0.2421						
9	TYPE OF EXPENDITURE		X Political			No	on-Political			
10	PURPOSE OF EXPENDITURE	١,	a) Category (See	Categories listed at the top of	of this (b) Desc	cription			
			inedule)			Ch	neck if travel outside of Texas, c	omplete Sched	dule T	
						Ch	neck if Austin, TX, officeholder li	ving expense		
			Printing	Expense			Printing campaign ma	iterials		
11	Complete ONLY if direct expendituree to benefit C/OH	C	andidate / Office	ehoder name		of	ffice sought	offic	ce held	
_	Data		Poves							
Э	Date 4.0/44/4.5	6	,							
7	10/11/15 Amount (\$)	8	CallFire Payee add			State;	Zip Code			
'	Amount (ψ)	°	rayee auu	iioss, Oily,		State,	Zip Code			

E	(PENDITURES MA	۱D	E BY CREDIT CARD			SCHEDULE	F4
			The Instruction Guide explains	how	to complete this form.		
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	s	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	NDI	TURES CHARGED TO A CREDIT CARD	\$\$0.00			
	\$500.00		1410 2nd Street Suite 200 Santa Monica CA 90401				
9	TYPE OF EXPENDITURE	;	X Political		Non-Political		
10	PURPOSE OF EXPENDITURE	1 ' '	Category (See Categories listed at the top of this edule) Advertising Expense	(b) D	Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Campaign phone program	эт	
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	ndidate / Officehoder name		office sought office	held	
5	Date	6	Payee name				
	10/11/15		CallFire				
7	Amount (\$) \$500.00	8	Payee address; City; 1410 2nd Street Suite 200 Santa Monica CA 90401	Sta	ite; Zip Code		
9	TYPE OF EXPENDITURE	;	X Political		Non-Political		
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this edule) Advertising Expense	(b) C	Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Campaign phone program	эT	
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	ndidate / Officehoder name		office sought office	held	
5	Date	6	Payee name				
	10/12/15		Tejano Democrats				
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code		
	\$300.00		2314 Tannehill Drive				
			Houston TX 77008				

E	KPENDITURES MA	ADE BY CREDIT CARD	SCHEDULE F4							
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)								
4	TOTAL OF UNITEMIZED EXPE									
9	TYPE OF EXPENDITURE	X Political Non-Political								
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
		Check if travel outside of Texas, complete Schedul	le T							
		Check if Austin, TX, officeholder living expense								
		Event Expense Sponsorship of Roast & Toast								
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	held							
	onponantion to bonom of on									
5	Date	6 Payee name								
	10/13/15	Montrose Counseling	_							
7	Amount (\$)	8 Payee address; City; State; Zip Code								
	\$250.00	401 Branard St #2								
		Houston TX 77006								
9	TYPE OF EXPENDITURE	X Political Non-Political								
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)								
		Check if travel outside of Texas, complete Schedul	еТ							
		Check if Austin, TX, officeholder living expense								
		Contributions/Donations Made By								
		Candidate/Officeholder/Politi								
11	Complete ONLY if direct	cal Committee Candidate / Officehoder name office sought office	hold							
• •	expendituree to benefit C/OH	Candidate / Officerioder frame Office Sought Office	Helu							
5	Date	6 Payee name								
	10/14/15	El Tiempo								
7	Amount (\$)	8 Payee address; City; State; Zip Code								
	\$93.26	2814 Navigation Blvd.								
		Houston TX 77003								
9	TYPE OF EXPENDITURE	X Political Non-Political								
10	PURPOSE OF EXPENDITURE									
		schedule) Check if travel outside of Texas, complete Schedule	le T							

E	(PENDITURES MA	DI	BY CREDIT CARD			SCHEDULE F4
			The Instruction Guide explains	how	to complete this form.	
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	s	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDI	TURES CHARGED TO A CREDIT CARE)	\$\$0.00	
			Food/Beverage Expense		Check if Austin, TX, officeholder living expense Food for Juliet Stipeche fundraiser	
11	Complete ONLY if direct expendituree to benefit C/OH	Car	ndidate / Officehoder name		office sought office	ce held
5	Date	6	Payee name			
	10/14/15		El Tiempo			
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code	
	\$228.56		2814 Navigation Blvd.			
	•		Houston TX 77003			
9	TYPE OF EXPENDITURE	Х	Political		Non-Political	
10		(a) sche	Category (See Categories listed at the top of this dule) Food/Beverage Expense	(b) [Check if travel outside of Texas, complete Scheo Check if Austin, TX, officeholder living expense Food for Juliet Stipeche fundraiser	
11	Complete ONLY if direct expendituree to benefit C/OH	Car	didate / Officehoder name		office sought office	ce held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 The Instruction Guide explains how to complete this form. Total pages Schedule F4: FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers) TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$0.00 5 Date 6 Payee name 10/17/15 Kelley's Country Kitchen **7** Amount (\$) 8 Payee address; City; State: Zip Code \$70.60 8015 Park Place Houston TX 77087 9 **TYPE OF EXPENDITURE** Political Non-Political 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Lunch with block walkers Food/Beverage Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 10/18/15 Luby's **7** Amount (\$) Payee address; City; State; Zip Code \$91.80 5335 Gulf Freeway Houston TX 77023 Χ TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Dinner with block walkers Food/Beverage Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 6 Date Payee name 10/18/15 Lowe's City; Amount (\$) 8 Payee address; State; Zip Code

E	KPENDITURES MA	DE	BY CREDIT CARD			SCHEDULE	F4
	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	s	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO A CREDIT CARD)	\$\$0.00		
	\$13.88		1000 Gulfgate Center Mall Houston TX 77087				
9	TYPE OF EXPENDITURE	X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) C sched	Category (See Categories listed at the top of this lule) Office Overhead/Rental Expense	(b) D	Description Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Office supplies	Т	
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought office I	neld	
5	Date	6	Payee name				
	10/19/15		Ruchi's Mexican Restaurant				
7	Amount (\$)	8	Payee address; City;	Sta	ite; Zip Code		
	\$38.30		6969 Gulf Freeway				
			#270				
			Houston TX 77087				
9	TYPE OF EXPENDITURE	X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) C sched		(b) D	Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Campaign meeting	Т	
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought office	neld	
5	Date	6	Payee name				
	10/19/15		Academy				
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code		
	\$337.65		10414 Gulf Fwy				
			Houston TX 77034				

E	KPENDITURES MA	DE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$0.00	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE		
		schedule) Check if travel outside of Texas, complete Schedu	ule T
		Check if Austin, TX, officeholder living expense	
		Office Overhead/Rental Tents for voting locations	
		Expense	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
	experialtaree to benefit 6/011		
5	Date	6 Payee name	
	10/20/15	CallFire	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	\$500.00	1410 2nd Street	
		Suite 200	
		Santa Monica CA 90401	
9	TYPE OF EXPENDITURE	X Political Non-Political	_
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Schedu	ıle T
		Check if Austin, TX, officeholder living expense	
		Advertising Expense Campaign phone program	
	Occupate ONE Vitaline at		- hald
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
5	Date	6 Payee name	
	10/20/15	CallFire	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	\$250.00	1410 2nd Street	
	·	Suite 200	
		Santa Monica CA 90401	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description	
		schedule) Check if travel outside of Texas, complete Schedu	ule T

E	KPENDITURES MA	ADE	BY CREDIT CARD			SCHEDULE F4
			The Instruction Guide explains	how	to complete this form.	
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	s	3 Filer ID (Ethics Commission file	rs)
4	TOTAL OF UNITEMIZED EXPE	NDITU	IRES CHARGED TO A CREDIT CARE)	\$\$0.00	
			Advertising Expense		Check if Austin, TX, officeholder living of Campaign phone program	
11	Complete ONLY if direct expendituree to benefit C/OH	Cand	idate / Officehoder name		office sought	office held
5	Date	6	Payee name			
	10/21/15		Facebook			
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code	
	25.19		1 Hacker Way			
			Menlo Park CA 94025			
9	TYPE OF EXPENDITURE	x	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Ca schedu	ategory (See Categories listed at the top of this le) Advertising Expense	(b) [Description Check if travel outside of Texas, complete Check if Austin, TX, officeholder living of Facebook advertising	
11	Complete ONLY if direct expendituree to benefit C/OH	Cand	idate / Officehoder name		office sought	office held

SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD The Instruction Guide explains how to complete this form. Total pages Schedule F4: FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers) TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$0.00 5 Date 6 Payee name 10/15/15 **Carroll Printing 7** Amount (\$) 8 Payee address; City; State: Zip Code \$1,531.74 2907 Canal Street Houston TX 77003 9 **TYPE OF EXPENDITURE** Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Printing campaign materials **Printing Expense** Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 10/22/15 Fresh Spirit Wellness for Women, Inc. **7** Amount (\$) Payee address; City; State; Zip Code \$100.00 4 Riverway Houston TX 77056 Χ Political TYPE OF EXPENDITURE Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Contributions/Donations Donation Made By Candidate/Officeholder/Politi cal Committee Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 6 Date Payee name 10/10/15 Oak Leaf Smokehouse Amount (\$) 8 Payee address; City; State; Zip Code

E>	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4						
	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME Robert Gallego	3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARI	\$\$0.00				
	\$40.65	1000 Telephone Road					
		Houston TX 77023					
9	TYPE OF EXPENDITURE	X Political	Non-Political				
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign meeting				
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held				
5	Date	6 Payee name					
	10/22/15	Lowe's					
7	Amount (\$)	8 Payee address; City;	State; Zip Code				
	\$27.63	1000 Gulfgate Center Mall Houston TX 77087					
9	TYPE OF EXPENDITURE	X Political	Non-Political				
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office supplies				
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED